

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Booth, Vincent D.		VOUCHER NUMBER Case 1:05-cv-00290-LJO-DLB Document 89 Filed 10/04/06 Page 1 of 1	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-000290-001		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Booth		8. PAYMENT CATEGORY Other		9. TYPE PERSON REPRESENTED Other: _____	
10. REPRESENTATION TYPE (See Instructions) Other					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to _____ CIVIL CONTEMPT					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS FOGDERUDE, ERIC K. 5412 N. Palm Avenue Suite 101 Fresno CA 93704  Telephone Number: (559) 431-9710			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to pay for counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>John W. Myers</i> Signature of Presiding Judicial Officer or By Order of the Court: <i>10-3-06</i> Date of Order: 09/25/2006 Nunc Pro Tunc Date: _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES <input type="checkbox"/> NO <input type="checkbox"/>		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) FLETCHER AND FOGDERUDE, INC. 5412 N. Palm Avenue Suite 101 Fresno CA 93704					

CATEGORIES (Attach Itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15. a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(Rate per hour = \$ 92.00 ) TOTALS:						
Out of Court	16. a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ 92.00 ) TOTALS:						
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____					

APPROVED FOR PAYMENT BY COURT USE ONLY					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE 7214	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	